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State/Territory Name: NV

State Plan Amendment (SPA) #: 25-0008

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services 601 E. 12th St., Room 355 Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

June 3, 2025

Stacie Weeks, Administrator Department of Health and Human Services Division of Healthcare Financing and Policy 1100 East William Street, Suite 101 Carson City, NV 89701

Re: Nevada State Plan Amendment (SPA) NV-25-0008

Dear Administrator Weeks:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number NV-25-0008. This State Plan Amendment (SPA) will add Community Health Representatives as a reimbursable provider only through a Tribal Health Clinic operating under the Indian Self-Determination and Education Act of 1975 (PL 93-638).

We have conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act. This letter is to inform you that Nevada Medicaid SPA NV-25-0008 was approved on June 3, 2025, with an effective date of January 01, 2025.

If you have any questions, please contact Cecilia Williams at 667-414-0674 or via email at Cecilia. Williams@cms.hhs.gov.

Sincerely,

Shantrina Roberts, Acting Director Division of Program Operations

Enclosures

cc: Jenifer Graham Cindy Kirstie Michael Gorden El Hermansen Casey Angres Malinda Southard

CENTERS FOR MEDICARE'S MEDICAID SERVICES	
TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	2 5 - 0 0 0 6 NV
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	SECURITY ACT O XIX O XXI
TO: CENTER DIRECTOR	4. PROPOSED EFFECTIVE DATE
CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	January 1, 2025
5. FEDERAL STATUTE/REGULATION CITATION	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
42 CFR 440	a FFY 2025 \$ 0 b. FFY 2026 \$ 0
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 3.1-A Page 6a (Continued 1) Attachment 3.1-A Page 6a (Continued 2)	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 3.1-A Page 6a (Continued 1)
	Attachment 3.1-A Page Sa (Continued 2)
9. SUBJECT OF AMENDMENT	
DHCFP is proposing to add Community Health Representatives a	se a roimhureable nearider through and note through a Tribat
Health Clinic operating under the Indian Self-Determination and E provider qualifications, covered services and service limitations.	
10. GÖVERNÖR'S REVIEW (Check One)	
GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	O OTHER, AS SPECIFIED:
11. SIGNATURE OF STATE AGENCY OFFICIAL	15. RETURN TO
	Cynthia Leech, Compliance Agency Manager
12 TYPED MALLE	DHCFP/Medicaid
PICHAPD WHITI EV	4070 Silver Sage Drive
13. TITLE	Carsen City, NV 89701
DIRECTOR, DHHS	
14. DATE SUBMITTED	
March 28, 2025	
FOR CMS U	
	17. DATE APPROVED
March 28, 2025 PLAN APPROVED - ON	June 3, 2025
	19. SIGNATURE OF APPROVING OFFICIAL
January 01, 2025	14. SIGNATURE OF AFFRANKING OFFINIAL
20. TYPED NAME OF APPROVING OFFICIAL	21. TITLE OF APPROVING OFFICIAL
Shantrina Roberts	Acting Director, Division of Program Operations
22. REMARKS	
05/29/2025: NV concurred to Pen & Ink changes to Soxes 7&8 in writing	ng via email.

State: Nevada Attachment 3.1-A
Page 6a (Continued 1)

appropriate health care services.

- d. Connect recipients to preventive health services or community services to improve health outcomes.
- Provide education including but not limited to, medication adherence, tobacco cessation, and nutrition.
- Promote health literacy, including oral health.

Service Limitations:

CHW services are recommended by a physician or other licensed practitioner of the healing arts within their scope of practice in accordance with state law. Services provided by a CHW are limited to four units (30 minutes per unit) in a 24-hour period, not to exceed 24 units per calendar month per recipient without prior authorization. If medically necessary, prior authorization can be requested for additional services.

Provider Qualifications:

Approved certification from the Nevada Certification Board as a CHW must be obtained prior to rendering services.

Community Health Representatives (CHR) Services:

Community Health Representatives are covered under the Preventive Services benefit at 1905(a)(13) and provide outreach, education, and social support to the tribal communities in which they live and know. They are trained through the Indian Health Services (IHS) CHR Training Program to provide certain services which do not require the CHR to be licensed. CHR's provide services at the direction of a licensed provider of health care in an IHS/Tribal Health Clinic.

Services:

The following CHR services are covered:

- Guidance in attaining health care services.
- Identify recipient needs and provide education from preventive health services to chronic disease
- c. Providing information on health and community resources, including making referrals to appropriate health care services.
- d. Connect recipients to preventive health services or community services to improve health outcomes.
- Provide education including but not limited to, medication adherence, tobacco cessation, and nutrition
- Promote health literacy, including oral health.

Provider Qualifications:

Completion of the Indian Health Service CHR Training Program.

A. Rehabilitative Services:

Mental Health Rehabilitation Services

TN No.:25-0008 Approval Date: June 3, 2025 Effective Date: January 1, 2025

Supersedes TN No.: <u>24-0033</u> State: Nevada Attachment 3.1-A
Page 6a (Continued 2)

Mental health rehabilitation assists individuals to restore and/or retain psychiatric stability, social integration skills, personal adjustment and/or independent living competencies in order to experience success and satisfaction in environments of their choice and to function as independently as possible. Interventions occur concurrently with clinical treatment and begin as soon as clinically appropriate.

The services must be recommended by a physician or other licensed practitioner of the healing arts, within their scope of practice and prescribed on an individualized treatment plan to achieve maximum reduction of a mental disability and restore the recipient to their optimal level of functioning.

TN No.: 25-0008 Approval Date: June 3, 2025 Effective Date: January 1, 2025

Supersedes TN No.: 24-0033